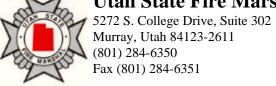
## **Utah State Fire Marshal's Office**



## FIRE AND LIFE SAFETY PLAN REVIEW SUBMITTAL FORM

PROJECT DESCR	RIPTION:			
LOCATION (Addi	ress & City):			
PARENT ORGAN	NIZATION/COMPLEX	<b>K</b> :		
DESIGN FIRM: _			CONTACT:	
ADDRESS:				
TELEPHONE:		TELE-FA	X:	
Expected Complete	ion Date:	Expected	70% Completion Date:	
Description Of Occ	cupancy:			
Licensed As Health	h Care?	Type Of Occupancy (IBC):		
Number of Stories	: Heigh	nt Of Structure:ft. (	Construction Type (IBC):	
Total Square Foota	nge:	Allowable	e Square Footage:	
Fire Sprinklers Rec	quired?	Basis:		
Water Supply Data	: Flow	(GPM) Static	(psi) Residual	_(psi)
Date Of Test: NOTE: Water Su	pply Analysis must be	Available Fire Flow:included with submittal before	GPM at 20 psi. the review process can originate.	
•	· · · · · · · · · · · · · · · · · · ·	ith the drawings, or the drawings, tems that are enclosed:	ngs will not be accepted for review. (	Check
[] Engineer Water Supply Analysis [] Architectural Plans			[] Finish schedules [] Door and Window schedules	
[ ] Electrical Plans			[] Hardware Schedule	
[] Fire Protection Plans		[] Hardware Cut S	[] Hardware Cut Sheets	
	nical Plans	2.3	11" x 17" Key Plan	
[] Specifi	cations	[] Other:		-
SIGNATURE		1	DATE	
******	*******	*********	**********	k**
		OFFICE USE ONLY		
Plan No	Date Rec'd	Time Rec'd	Rec'd by	